

Examine the reasons for differences in access to health care by different social groups, including ethnic minorities.

Ethnicity is a person's culture & identity. Ethnic minority refers to a group who share the same culture e.g. their language or religion; they are a minority not the majority. There are many differences in access to health care depending on your social group or ethnic minority. Ethnic minority health needs were seen as increasingly high in a report published by the department of health in 1992.

If you are part of an ethnic minority in Britain you may find it uncomfortable to visit the doctor for medical help, or the doctor may not be able to cure your problem if they doesn't understand your ethnic background. Therefore you may be given a drug or treatment that may not be of any use to you simply because the doctor doesn't understand how your body is different. As seen by the biomedical model of health, your body is a machine, but maybe your body (machine) can only be fixed if you are in your home country because the mechanic doesn't understand how it is supposed to operate. This is a sheer case of GP's having little or no understanding of cultural practices or ethnic groups.

Research has proven that medical care comes easier in the UK to the white population than those who come from western countries. This is due to the fact that people coming from other countries settle for an unhealthy lifestyle with a low paid job that may have very poor working conditions. Many people who immigrate to the UK have more than one job so that they can pay to live here; this makes them stressed and tired throughout their time in the UK resulting in ill health. Many sociologists make *blanket statements* when referring to ethnic minorities. This means that they don't realise that there is a great number of ethnic groups in Britain today. Some examples of this are; Afro-Caribbean's suffer a higher rate of sickle cell anaemia, an inherited blood disorder. Maves et al (1957) found that members of the black community suffer more from death due to accidents, poisoning and violence. Afro-Caribbean's are also more likely to be admitted to mental institutions', and may receive harsher treatments when inside.

Some ethnic minority groups suffer from higher rates of mortality and morbidity than others. As with social class, various explanations are offered for these patterns for health differences experienced by different ethnic groups. These have focused on genetic/biological factors e.g. Blood disorders, cultural/behavioural e.g. Smoking, diet or drinking habits. Material/structural factors e.g. Poverty & environment. There are critics of

the view that there are genuine differences in health and illness between ethnic groups, this is the artefact explanation.

Biological & genetic factors have long been used to explain differences in health among ethnic groups. Patterns of ill health among ethnic groups are pre-disposed to certain diseases, but it is thought that there is little or no link at all between race and mortality. The fact that inherited diseases only account for a small percentage of health problems of the ethnic minorities, means that a greater emphasis is given to other factors. One being the cultural explanation; this explanation has tried to explain high prenatal mortality among Asian mothers by their low attendance at antenatal classes and high rates of coronary heart disease for Asians in general, by the use of ghee in cooking. Similarly, diabetes has been blamed on a high carbohydrate diet. Marmot (1984) suggests that such lifestyle factors play only a minor role in explaining health inequalities for ethnic minorities. He argues; Asian diets are closer to health education advice on low fat diets than the traditional British diet and that language should not be a problem, as the numbers of British born ethnic minorities' increases.

The inverse care law may also apply to ethnic minority groups. Some sociologists think that ethnic minorities have relatively poor health because they are less likely to get the full benefit from the NHS services. Many reasons for this are given, such as; the needs of ethnic minority groups are often overlooked or ignored. Also, Torkington claims that there is covert racism in health care, which operates by marginalising disease which are specific to non white ethnic groups, by paying little attention to them. Johnson also claims, that the health professionals have been slow to recognise that ethnic minorities may have special needs when it comes to health care, such as; the NHS may fail to provide health information in the appropriate language and some people from ethnic minority groups. For example, NHS facilities may fail to recognise religious, dietary and cultural norms, different to basic health professional training.

Access to health care will never be equal, however the medical profession are trying to integrate and understand 'other' cultures so they can help everyone equally.